


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000029768</b> 1. Entity Name <b>AMPROP HOLDINGS TARPON, LLC</b>	
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Principal Place of Business <b>12950 RACETRACK RD. STE 201 SUITE 201 TAMPA, FL 33626 US</b>	Mailing Address <b>12950 RACETRACK RD. STE 201 SUITE 201 TAMPA, FL 33626 US</b>
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03242008 No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>20-4531094</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SCHOESSLER, ERIC A  
12950 RACETRACK RD. STE 201  
SUITE 201  
TAMPA, FL 33626**

DO NOT WRITE  
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000291633  
04/23/08-80033-005 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	<b>MGR</b>
NAME	<b>SCHOESSLER, ERIC A</b>
STREET ADDRESS	<b>12950 RACETRACK RD. STE 201</b>
CITY-ST-ZIP	<b>TAMPA, FL 33626</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_ **4/1/08** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #